

UnitedHealthcare Medicare Solutions and UnitedHealthcare Community Plan - Medicare Notification/Prior Authorization Requirements Effective May 1, 2016



This list represents our advance notification/prior authorization review requirements as referenced in the [UnitedHealthcare Physician, Health Care Professional, Facility and Ancillary Provider 2016 Administrative Guide for Commercial and Medicare Products](#). Updates to the list are announced routinely in the UnitedHealthcare Network Bulletin. If you have questions, please call Provider Services at 877-842-3210. Thank you.

Prior authorization is required for in-network services for the following plans:

Subject to the UnitedHealthcare Provider Administrative Guide and the UnitedHealthcare West Non-Capitated Supplement

UnitedHealthcare Medicare Advantage HMO, HMO-POS, PPO and RPPO plans including AARP[®] MedicareComplete[®], AARP[®] MedicareComplete Secure Horizons, AARP[®] MedicareComplete Focus, UnitedHealthcare The Villages MedicareComplete, UnitedHealthcare MedicareComplete plans for both individual and employer group members and group plans sold under UnitedHealthcare Group Medicare Advantage (PPO).

Missouri/Illinois: Additional referral required from member's primary care physician for most services. AARP[®] MedicareComplete, AARP[®] MedicareComplete Essential, HMO and AARP[®] MedicareComplete Plus Plan 1, HMO-POS gatekeeper benefit plans **Group ID: 55013, 55280, 55288, 55293, 55294, 55313, 55400, 55401, 55411, 55412, 55913, 55933** and UnitedHealthcare Group Medicare Advantage (HMO) plan **Group ID 55016, 55036, 55037, 55069, 55070, 55077, 55078, 55094, 55114, 55162, 55163, 55165, 55166, 55305, 55316, 55336, 55369, 55370, 55377, 55394, 55414, 55436, 55437, 55438, 55439, 55759, 55760, 55770, 55771, 55924**

For more information regarding Missouri/Illinois, please go to [UnitedHealthcareOnline.com](#) > Tools and Resources > Product & Services > Medicare > Medicare Solutions Missouri/Illinois Market > Quick Reference Guide Missouri/Illinois Market' Referral Process Basics

UnitedHealthcare Dual Complete (HMO SNP), (HMO-POS SNP), (PPO SNP), (Regional PPO SNP)

UnitedHealthcare Chronic Complete (HMO SNP)

UnitedHealthcare Nursing Home and Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP)

Oxford Mosaic Network

Effective Jan. 1, 2016: Care Improvement Plus Products: Gold Rx (PPO SNP and Regional PPO SNP), Medicare Advantage (PPO and Regional PPO), Silver Rx (Regional PPO SNP), Dual Advantage (Regional PPO SNP)

UnitedHealthcare Community Plan Medicare Advantage benefit plans are subject to the protocols an additional manual, as described in the Benefit Plan section of the UnitedHealthcare Provider Administrative Guide. Some UnitedHealthcare Community Plan Medicare Advantage benefit plans are not subject to an additional manual and, therefore, are subject to the Administrative Guide.

The following plans do not require prior authorization:

The UnitedHealthcare prior authorization program does not apply to the following excluded benefit plans. However, these benefit plans may have separate notification or prior authorization requirements. Please refer to the respective Supplements within the [UnitedHealthcare Physician, Health Care Professional, Facility and Ancillary Provider 2015 Administrative Guide for Commercial and Medicare Products](#) or the [Physician, Health Care Professional, Facility and Ancillary Provider 2015 UnitedHealthcare West Capitated Administrative Guide for Commercial and Medicare Advantage Products](#) for details.

Hawaii: AARP[®] MedicareComplete Plan 1 – Group 77000 & 77007 and AARP[®] MedicareComplete Choice Essential – Group 77003 & 77008.

New York: AARP[®] MedicareComplete - Group 66093, AARP[®] MedicareComplete Plan 1 - Group 66074 and 66091, AARP[®] MedicareComplete Plan 2 - Group 13012 and 66092, AARP[®] MedicareComplete Plan 3 - Group 66089. AARP[®] MedicareComplete Essential - Group 66075, AARP[®] MedicareComplete Mosaic - Group 66076. Existing process of obtaining authorization from Montefiore Care Management Organization (CMO) will continue.

Excluded Plans (cont'd.)

Utah: AARP® MedicareComplete Plan 1 - Group 42000, AARP® MedicareComplete Plan 2 - Group 42022, AARP® MedicareComplete Essential - Group 42004, UnitedHealthcare Group Medicare Advantage – Group 42020.

Erickson Advantage® Plans

UnitedHealthcare Senior Care Options (HMO SNP)

UnitedHealthcare Medicare Direct™ (PFFS)

Sierra Spectrum (Sierra Health & Life)

Senior Dimensions Medicare Advantage Plans (Health Plan of Nevada)

Preferred Care

Other benefit plans such as Medicaid, CHIP and Uninsured that are not Medicare Advantage

Prior Authorization is required for the following procedures and services for the Current Procedure Terminology (CPT) Codes described in outpatient and inpatient settings unless otherwise noted.

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes																								
Bariatric surgery	<p>Plan exclusions: Erickson Advantage</p> <p>Bariatric surgery and other obesity services are not covered in some benefit plans in some situations.</p> <p>There is a Center of Excellence requirement for coverage of bariatric surgery/services.</p>	<table border="0"> <tr> <td>43633</td> <td>43644</td> <td>43645</td> <td>43659</td> </tr> <tr> <td>43770</td> <td>43771</td> <td>43772</td> <td>43773</td> </tr> <tr> <td>43774</td> <td>43775</td> <td>43843</td> <td>43845</td> </tr> <tr> <td>43846</td> <td>43847</td> <td>43848</td> <td>43860</td> </tr> <tr> <td>43860*</td> <td>43865*</td> <td>43886</td> <td>43887</td> </tr> <tr> <td>43888</td> <td>43999*</td> <td>44799*</td> <td>64590*</td> </tr> </table> <p>*Prior authorization is required for the following diagnosis codes listed: E66.1 - E66.3, E66.8, E66.9, Z68.1, Z68.20 - Z68.39, Z68.41 - Z68.45, Z68.51 - Z68.54, Z98.84</p>	43633	43644	43645	43659	43770	43771	43772	43773	43774	43775	43843	43845	43846	43847	43848	43860	43860*	43865*	43886	43887	43888	43999*	44799*	64590*
43633	43644	43645	43659																							
43770	43771	43772	43773																							
43774	43775	43843	43845																							
43846	43847	43848	43860																							
43860*	43865*	43886	43887																							
43888	43999*	44799*	64590*																							
Bone growth stimulator		<table border="0"> <tr> <td>20974</td> <td>20975</td> <td>20979</td> <td>E0747</td> </tr> <tr> <td>E0748</td> <td>E0749</td> <td>E0760</td> <td></td> </tr> </table>	20974	20975	20979	E0747	E0748	E0749	E0760																	
20974	20975	20979	E0747																							
E0748	E0749	E0760																								
Breast reconstruction (non-mastectomy)	Reconstruction of the breast or other than following mastectomy	<table border="0"> <tr> <td>11920</td> <td>11921</td> <td>11922</td> <td>19316</td> </tr> <tr> <td>19318</td> <td>19324</td> <td>19325</td> <td>19328</td> </tr> <tr> <td>19330</td> <td>19340</td> <td>19342</td> <td>19350</td> </tr> <tr> <td>19357</td> <td>19361</td> <td>19364</td> <td>19366</td> </tr> <tr> <td>19367</td> <td>19368</td> <td>19369</td> <td>19370</td> </tr> <tr> <td>19371</td> <td>19380</td> <td>19396</td> <td>L8600</td> </tr> </table>	11920	11921	11922	19316	19318	19324	19325	19328	19330	19340	19342	19350	19357	19361	19364	19366	19367	19368	19369	19370	19371	19380	19396	L8600
11920	11921	11922	19316																							
19318	19324	19325	19328																							
19330	19340	19342	19350																							
19357	19361	19364	19366																							
19367	19368	19369	19370																							
19371	19380	19396	L8600																							

UnitedHealthcare Medicare Solutions and UnitedHealthcare Community Plan - Medicare Notification/Prior Authorization Requirements Effective May 1, 2016



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Breast reconstruction (non-mastectomy) (cont'd.)		<p>Notification or prior authorization is not required for the following diagnosis codes:</p> <p>C50.019 C50.011 C50.012 C50.111 C50.112 C50.119 C50.211 C50.212 C50.219 C50.311 C50.312 C50.319 C50.411 C50.412 C50.419 C50.511 C50.512 C50.519 C50.611 C50.612 C50.619 C50.811 C50.812 C50.819 C50.911 C50.912 C50.919 C50.029 C50.021 C50.022 C50.121 C50.122 C50.129 C50.221 C50.222 C50.229 C50.321 C50.322 C50.329 C50.421 C50.422 C50.429 C50.521 C50.522 C50.529 C50.621 C50.622 C50.629 C50.821 C50.822 C50.829 C50.921 C50.922 C50.929 C79.81 D05.90 D05.00 D05.01 D05.02 D05.10 D05.11 D05.12 D05.80 D05.81 D05.82 D05.91 D05.92 Z85.3 Z90.10 Z90.11 Z90.12 Z90.13 Z42.1</p>			
Cochlear and other auditory implants		69714 69930 L8617 L8622 L8628 L8693	69715 L8614 L8618 L8623 L8690	69717 L8615 L8619 L8624 L8691	69718 L8616 L8621 L8627 L8692
Cosmetic and reconstructive surgery	<p>Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function</p> <p>Reconstructive procedures that either treat a medical condition or improve or restore physiologic function</p>	11960 15822 15876 17999 21172 21181 21208 21248 21260 21268 21295 21742 30545 31296 67901 67906 67912	11971 15823 17106 21137 21175 21182 21209 21249 21261 21275 21296 21743 30560 31297 67902 67908 67914	15820 15830 17107 21138 21179 21183 21230 21255 21263 21280 21299 28344 30620 36468 67903 67909 67915	15821 15847 17108 21139 21180 21184 21235 21256 21267 21282 21740 30540 31295 67900 67904 67911 67916

UnitedHealthcare Medicare Solutions and UnitedHealthcare Community Plan - Medicare Notification/Prior Authorization Requirements Effective May 1, 2016



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Cosmetic and reconstructive surgery (cont'd.)		67917	67921	67922	67923
		67924	67950	67961	67966
		Q2026			
Durable medical equipment	<p>Plan exclusions: Erickson Advantage, UnitedHealthcare Nursing Home Plans, and United Healthcare Assisted Living Plans.</p> <p>Advance notification required only in outpatient setting (to include home).</p> <p>Prosthetics are not DME (see separate <i>Prosthetics and Orthotics notification requirement</i> in this grid) for Medicare Advantage Members.</p> <p>Some home health care services may qualify under the DME requirement but are not subject to the \$1,000 retail purchase or cumulative retail rental cost threshold (see separate <i>Home Health Care Services requirement</i> in this grid).</p> <p>Some payer groups may have different DME advance notification requirements</p> <p>Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require notification or prior authorization regardless of the cost.</p>	E0470	E0471	E0472	E0601
		E0650	E0651	E0652	E0655
		E0656	E0657	E0660	E0665
		E0666	E0667	E0668	E0669
		E0671	E0672	E0673	E0675
		E1230	E1239	E2310	E2311
		E2321	K0800	K0801	K0802
		K0806	K0807	K0808	K0812
		K0813	K0814	K0815	K0816
		K0820	K0821	K0822	K0823
		K0824	K0825	K0826	K0827
		K0828	K0829	K0830	K0831
		K0835	K0836	K0837	K0838
		K0839	K0840	K0841	K0842
		K0843	K0848	K0849	K0850
		K0851	K0852	K0853	K0854
		K0855	K0856	K0857	K0858
		K0859	K0860	K0861	K0862
		K0863	K0864	K0868	K0869
		K0870	K0871	K0877	K0878
		K0879	K0880	K0884	K0885
		K0886	K0890	K0891	K0898
		K0899			
Durable medical equipment: more than \$1,000	<p>Plan exclusions: Erickson Advantage, UnitedHealthcare Nursing Home Plans, and United Healthcare Assisted Living Plans.</p> <p>Durable medical equipment with a retail purchase or cumulative rental cost over \$1,000</p> <p>Advance notification required only in outpatient setting (to include home).</p> <p>Prosthetics are not durable medical equipment (see separate <i>Prosthetics and Orthotics notification requirement</i></p>	A7025	E0112	E0113	E0116
		E0117	E0140	E0144	E0147
		E0153	E0155	E0158	E0159
		E0161	E0162	E0167	E0170
		E0171	E0172	E0175	E0182
		E0186	E0187	E0191	E0193
		E0194	E0198	E0200	E0202
		E0203	E0205	E0210	E0220
		E0221	E0225	E0230	E0231
		E0232	E0236	E0238	E0239
		E0241	E0243	E0244	E0246
		E0249	E0251	E0256	E0265
		E0266	E0270	E0273	E0275
		E0276	E0277	E0280	E0290
		E0291	E0292	E0293	E0296

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p>Durable medical equipment: more than \$1,000 (cont'd.)</p>	<p>in this grid) for Medicare Advantage members.</p>	E0297	E0300	E0302	E0304
	<p>Some home health care services may qualify under the durable medical equipment requirement but are not subject to the \$1,000 retail purchase or cumulative retail rental cost threshold (see separate <i>Home Health Care Services requirement</i> in this grid).</p>	E0315	E0316	E0325	E0326
	<p>Some payer groups may have different durable medical equipment advance notification requirements Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require notification or prior authorization regardless of the cost.</p>	E0328	E0329	E0350	E0352
	E0370	E0373	E0459	E0462	
	E0465	E0466	E0481	E0483	
	E0571	E0572	E0574	E0580	
	E0585	E0602	E0603	E0604	
	E0605	E0606	E0610	E0616	
	E0617	E0618	E0619	E0625	
	E0635	E0636	E0637	E0639	
	E0640	E0692	E0693	E0694	
	E0700	E0710	E0740	E0746	
	E0761	E0764	E0770	E0782	
	E0783	E0784	E0785	E0786	
	E0830	E0840	E0850	E0870	
	E0880	E0890	E0900	E0920	
	E0930	E0936	E0941	E0942	
	E0944	E0945	E0946	E0947	
	E0948	E0952	E0957	E0958	
	E0959	E0966	E0967	E0968	
	E0969	E0970	E0974	E0980	
	E0983	E0984	E0985	E0986	
	E0988	E0994	E1002	E1003	
	E1004	E1005	E1006	E1007	
	E1008	E1009	E1010	E1011	
	E1014	E1015	E1016	E1017	
	E1018	E1020	E1029	E1030	
	E1035	E1036	E1037	E1050	
	E1070	E1084	E1085	E1086	
	E1087	E1089	E1100	E1110	
	E1161	E1170	E1171	E1172	
	E1180	E1190	E1195	E1200	
	E1221	E1222	E1223	E1224	
	E1227	E1228	E1229	E1231	
	E1232	E1233	E1234	E1235	
	E1236	E1237	E1238	E1250	
	E1270	E1280	E1285	E1290	
	E1295	E1296	E1297	E1298	
	E1300	E1310	E1399	E1500	
	E1510	E1520	E1530	E1540	
	E1550	E1560	E1570	E1575	
	E1580	E1590	E1592	E1594	
	E1600	E1615	E1620	E1625	
	E1630	E1632	E1634	E1635	
	E1636	E1637	E1639	E1699	
	E1812	K0017	K0018	K0020	
	K0037	K0039	K0043	K0044	
	K0046	K0047	K0050	K0051	
K0056	K0065	K0070	K0072		
K0073	K0077	K0098	K0105		

UnitedHealthcare Medicare Solutions and UnitedHealthcare Community Plan - Medicare Notification/Prior Authorization Requirements Effective May 1, 2016



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Durable medical equipment: more than \$1000 (cont'd.)		K0108 K0603 K0607 K0730 K0737 K0746	K0455 K0604 K0608 K0734 K0743	K0601 K0605 K0609 K0735 K0744	K0602 K0606 K0672 K0736 K0745
Home health care - Non-nutritional	<p>Advance notification required only in outpatient setting (to include home).</p> <p>For service days 1-60, no notification is required.</p> <p>For service days 61 and beyond, the services in the next column require prior authorization or advance notification.</p>	<p>Nursing services in the home</p> <p>G0156 G0163 G0164 G0299 G0300 S9122 S9123 S9124 S9474 T1000</p> <p>Therapies in the home: occupational, physical, respiratory and speech</p> <p>G0151 G0152 G0153 G0157 G0158 G0159 S9128 S9129 S9131 99503</p> <p>Social worker in the home - Five visits maximum per calendar year</p> <p>S9127 G0155</p>			
Home health care - nutritional	<p>Advance notification required only in outpatient setting (to include home).</p> <p>Provision of nutritional therapy, whether enteral or through a gastrostomy tube in the home</p>	<p>B4149</p> <p>B4150 B4152 B4153 B4154 B4155 B4157 B4158 B4159 B4160 B4161 B4162</p>			
Hysterectomy – inpatient only	<p>Vaginal hysterectomies</p> <p>No authorization required for outpatient vaginal hysterectomies.</p> <p>For Claims purposes: out-of-network claims without pre-determinations will be reviewed for medical necessity post service/prepayment.</p>	58260 58270 58291	58262 58275 58292	58263 58280 58293	58267 58290 58294
Hysterectomy – inpatient and outpatient procedures Abdominal and laparoscopic Surgeries	<p>Abdominal and laparoscopic Surgeries</p> <p>For Claims purposes: out-of-network claims without pre-determinations will be reviewed for medical necessity post service/prepayment.</p>	58150 58542 58571 58552	58152 58543 58572 58553	58180 58544 58573 58554	58541 58570 58550
Non-emergency air transport	Non-urgent ambulance transportation by air between specified locations	A0430	A0431	A0435	A0436

UnitedHealthcare Medicare Solutions and UnitedHealthcare Community Plan - Medicare Notification/Prior Authorization Requirements Effective May 1, 2016



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Orthognathic surgery	Treatment of maxillofacial functional impairment	21120 21125 21143 21150 21159 21194 21199 21244	21121 21127 21145 21151 21160 21195 21206 21245	21122 21141 21146 21154 21188 21196 21210 21246	21123 21142 21147 21155 21193 21198 21215 21247
Orthotics: more than \$1,000	<p>Orthotics with a retail purchase or cumulative rental cost more than \$1,000.</p> <p>Advance notification required only in outpatient setting (to include home).</p>	L0112 L0160 L0430 L0466 L0484 L0492 L0624 L0633 L0700 L0830 L0972 L0980 L1000 L1020 L1050 L1085 L1120 L1230 L1270 L1310 L1620 L1660 L1700 L1755 L1904 L2005 L2034 L2038	L0113 L0170 L0452 L0468 L0486 L0621 L0629 L0634 L0710 L0859 L0974 L0982 L1001 L1025 L1060 L1090 L1200 L1240 L1280 L1499 L1630 L1680 L1710 L1834 L1910 L2010 L2035 L2040	L0140 L0200 L0462 L0480 L0490 L0622 L0631 L0636 L0810 L0861 L0976 L0984 L1005 L1030 L1070 L1100 L1210 L1250 L1290 L1600 L1640 L1685 L1720 L1844 L1920 L2020 L2036 L2050	L0150 L0220 L0464 L0482 L0491 L0623 L0632 L0638 L0820 L0970 L0978 L0999 L1010 L1040 L1080 L1110 L1220 L1260 L1300 L1610 L1650 L1690 L1730 L1847 L2000 L2030 L2037 L2060

UnitedHealthcare Medicare Solutions and UnitedHealthcare Community Plan - Medicare Notification/Prior Authorization Requirements Effective May 1, 2016



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Orthotics: more than \$1,000 (cont'd.)		L2070	L2080	L2090	L2126
		L2128	L2132	L2134	L2136
		L2180	L2182	L2184	L2186
		L2188	L2190	L2192	L2200
		L2210	L2220	L2230	L2232
		L2240	L2250	L2260	L2270
		L2300	L2310	L2320	L2335
		L2370	L2375	L2380	L2385
		L2387	L2390	L2395	L2405
		L2415	L2425	L2430	L2492
		L2500	L2510	L2520	L2525
		L2526	L2530	L2540	L2550
		L2570	L2580	L2600	L2610
		L2620	L2622	L2627	L2628
		L2630	L2640	L2650	L2660
		L2670	L2680	L2750	L2760
		L2768	L2780	L2785	L2795
		L2800	L2810	L2830	L2850
		L2861	L3000	L3001	L3002
		L3003	L3010	L3030	L3031
		L3050	L3070	L3080	L3090
		L3100	L3140	L3150	L3160
		L3170	L3201	L3202	L3203
		L3204	L3206	L3207	L3208
		L3209	L3211	L3212	L3213
		L3214	L3215	L3216	L3217
		L3219	L3221	L3222	L3225
		L3250	L3251	L3252	L3253
		L3254	L3255	L3257	L3265
		L3320	L3330	L3334	L3340
		L3350	L3360	L3370	L3380
		L3400	L3410	L3420	L3430
		L3440	L3450	L3455	L3460
		L3465	L3470	L3480	L3485
		L3500	L3510	L3520	L3530
		L3540	L3550	L3560	L3570
		L3580	L3590	L3595	L3640

UnitedHealthcare Medicare Solutions and UnitedHealthcare Community Plan - Medicare Notification/Prior Authorization Requirements Effective May 1, 2016



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Orthotics: more than \$1,000 (cont'd.)		L3649	L3674	L3720	L3762
		L3764	L3765	L3766	L3891
		L3900	L3901	L3904	L3917
		L3921	L3925	L3927	L3929
		L3956	L3961	L3962	L3967
		L3971	L3973	L3975	L3976
		L3977	L3978	L3980	L3995
		L4000	L4010	L4020	L4030
		L4040	L4045	L4050	L4055
		L4060	L4070	L4080	L4090
		L4110	L4130	L4392	L4394
		L4398	L4631		
Orthopedic surgeries	Spine and joint surgeries	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22222	22224	22532	22533
		22548	22551	22554	22556
		22558	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22856	22861	22864
		22865	22899	23470	23472
		24360	24361	24362	24363
		27120	27122	27125	27130
		27132	27134	27137	27138
		27412	27445	27446	27447
		27486	27487	29866	29867
		29868	29914	29915	29916
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63040	63042
		63045	63046	63047	63050
		63051	63055	63056	63064
		63075	63077	63081	63085

UnitedHealthcare Medicare Solutions and UnitedHealthcare Community Plan - Medicare Notification/Prior Authorization Requirements Effective May 1, 2016



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Orthopedic surgeries (cont'd.)		63087 63170 63182 63194 63198 0195T J7330	63090 63172 63185 63195 63199 0196T	63101 63173 63190 63196 63200 0200T	63102 63180 63191 63197 0171T 0201T
Part B occupational, speech or physical therapy provided in a skilled nursing facility	<p>Applies only to Erickson Advantage Members residing in a long-term care facility</p> <p>Plan exclusions: UnitedHealthcare Medicare Advantage (Including UnitedHealthcare Nursing Home plans)</p> <p>For UnitedHealthcare Medicare Advantage plans, see the <i>Physical Therapy/Occupational Therapy</i> in the Other Notification Requirements section.</p>				
Potentially unproven services (including experimental/investigational)	<p>Services, including medications, determined to be ineffective effective for treating the medical condition and/or to have no beneficial effect on health outcomes. This determine is made when there is insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature.</p>	28890 64722 95966	36514 64744	64405 66180	64555 95965
Prosthetics: more than \$1,000	<p>Prosthetics with a retail or cumulative rental cost more than \$1,000.</p> <p>Advance notification required only in outpatient setting (to include home).</p>	L5010 L5020 L5050 L5060 L5100 L5105 L5150 L5160 L5200 L5210 L5220 L5230 L5250 L5270 L5280 L5301 L5312 L5321 L5331 L5341 L5400 L5410 L5420 L5430 L5460 L5500 L5505 L5510 L5520 L5530 L5535 L5540 L5560 L5570 L5580 L5585 L5590 L5595 L5600 L5610 L5611 L5613 L5614 L5616 L5617 L5618 L5620 L5624 L5626 L5628 L5629 L5630 L5631 L5632 L5634 L5636			

**UnitedHealthcare Medicare Solutions and UnitedHealthcare
Community Plan - Medicare Notification/Prior Authorization
Requirements Effective May 1, 2016**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Prosthetics: more than \$1,000 (cont'd.)		L5637	L5638	L5639	L5640
		L5642	L5643	L5644	L5646
		L5647	L5648	L5649	L5651
		L5652	L5653	L5654	L5655
		L5656	L5658	L5661	L5666
		L5676	L5677	L5678	L5680
		L5681	L5682	L5683	L5684
		L5686	L5688	L5690	L5692
		L5694	L5696	L5697	L5698
		L5699	L5700	L5701	L5702
		L5703	L5706	L5707	L5710
		L5711	L5712	L5714	L5716
		L5718	L5722	L5724	L5726
		L5728	L5780	L5781	L5782
		L5785	L5790	L5795	L5810
		L5811	L5812	L5814	L5816
		L5818	L5822	L5824	L5826
		L5828	L5830	L5840	L5845
		L5848	L5850	L5855	L5856
		L5857	L5858	L5910	L5920
		L5925	L5930	L5960	L5961
		L5966	L5968	L5970	L5971
		L5972	L5973	L5975	L5978
		L5979	L5980	L5981	L5985
		L5987	L5988	L5990	L6000
		L6010	L6020	L6025	L6050
		L6055	L6100	L6110	L6120
		L6130	L6200	L6205	L6250
		L6300	L6310	L6320	L6350
		L6360	L6370	L6380	L6382
		L6384	L6386	L6388	L6400
		L6450	L6500	L6550	L6570
		L6580	L6582	L6584	L6586
		L6588	L6590	L6600	L6605
		L6610	L6611	L6615	L6616
		L6620	L6621	L6623	L6624
		L6625	L6628	L6629	L6630
		L6632	L6635	L6637	L6638
		L6639	L6640	L6641	L6642
		L6645	L6646	L6647	L6648
L6650	L6655	L6660	L6665		
L6670	L6675	L6676	L6677		
L6680	L6682	L6684	L6687		
L6688	L6689	L6690	L6691		

UnitedHealthcare Medicare Solutions and UnitedHealthcare Community Plan - Medicare Notification/Prior Authorization Requirements Effective May 1, 2016



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Prosthetics: more than \$1,000 (cont'd.)		L6692	L6693	L6695	L6696
		L6697	L6698	L6703	L6704
		L6706	L6707	L6708	L6709
		L6711	L6712	L6713	L6714
		L6715	L6721	L6722	L6805
		L6810	L6880	L6881	L6882
		L6883	L6884	L6885	L6895
		L6900	L6905	L6910	L6915
		L6920	L6925	L6930	L6935
		L6940	L6945	L6950	L6955
		L6960	L6965	L6970	L6975
		L7007	L7008	L7009	L7040
		L7045	L7170	L7180	L7181
		L7185	L7186	L7190	L7191
		L7260	L7261	L7266	L7362
		L7364	L7366	L7367	L7400
		L7401	L7402	L7403	L7404
		L7405	L7499	L7600	L8031
		L8032	L8035	L8039	L8040
		L8041	L8042	L8043	L8044
		L8045	L8046	L8047	L8048
		L8049	L8310	L8320	L8330
		L8410	L8415	L8435	L8465
		L8480	L8485	L8499	L8505
		L8507	L8511	L8512	L8514
		L8515	L8603	L8604	L8609
		L8610	L8612	L8613	L8630
		L8641	L8642	L8658	L8670
		L8684	L8695	L8699	
Proton beam therapy	Focused radiation therapy using beams of protons Indicate whether proton beam therapy is performed as part of a clinical trial. Please reference the Clinical Trials sections.	77520	77522	77523	77525
Rhinoplasty	Treatment of nasal functional impairment and septal deviation	30400	30410	30420	30430
		30435	30450	30460	30462
Sleep apnea procedures and surgeries	Maxillomandibular advancement or oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	21685	41512	41530	41599
		42145			

UnitedHealthcare Medicare Solutions and UnitedHealthcare Community Plan - Medicare Notification/Prior Authorization Requirements Effective May 1, 2016



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes								
Sleep apnea procedures and surgeries (cont'd.)	<p>Applies to inpatient or outpatient, including but not limited to:</p> <p>Palatopharyngoplasty: oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty</p> <p>Applies only for surgical sleep apnea procedures and not sleep studies.</p>									
Spinal stimulator for pain management	Spinal cord stimulators when implanted for pain management	63650 63655 63685								
Therapies: occupational, physical, respiratory and speech	Outpatient rehabilitation services provided in the home or on an ambulatory basis when provided by a physical or occupational therapist	For UnitedHealthcare Medicare Advantage plans, advance notification and/or prior authorization is only required for therapies in the home, please see Home Health section.								
Vagus nerve stimulation	Implantation of a device that sends electrical impulses into one of the cranial nerves	<table border="0"> <tr> <td>61885</td> <td>64568</td> <td>L8680</td> <td>L8682</td> </tr> <tr> <td>L8685</td> <td>L8686</td> <td>L8687</td> <td>L8688</td> </tr> </table>	61885	64568	L8680	L8682	L8685	L8686	L8687	L8688
61885	64568	L8680	L8682							
L8685	L8686	L8687	L8688							
Vein procedures	Removal and ablation of the main trunks and named branches of the saphenous veins to treat venous disease and varicose veins of the extremities	<table border="0"> <tr> <td>36475</td> <td>36478</td> <td>37700</td> <td>37718</td> </tr> <tr> <td>37722</td> <td>37780</td> <td></td> <td></td> </tr> </table>	36475	36478	37700	37718	37722	37780		
36475	36478	37700	37718							
37722	37780									

Other Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization
Behavioral health services	<p>Plan exclusions: Erickson Advantage</p> <p>Behavioral health services through a designated behavioral health network</p> <p>Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.</p>	Please call the number on the member's ID card to refer for mental health and substance abuse/substance use services.

UnitedHealthcare Medicare Solutions and UnitedHealthcare Community Plan - Medicare Notification/Prior Authorization Requirements Effective May 1, 2016



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization
<p>Cardiology prior authorization program</p>	<p>Plan Exclusions: Erickson Advantage, UnitedHealthcare Nursing Home Plans, and United Healthcare Assisted Living Plan</p> <p>For more information, refer to the Cardiology Prior Authorization Protocol for Medicare Advantage section of the Administrative Guide</p>	<p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants and for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes before providing the service.</p> <p>Request prior authorization one of the following ways:</p> <ol style="list-style-type: none"> 1. At UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Cardiology Notification & Authorization-Submission & Status 2. By calling 866-889-8054 <p>For more information, and to see a list of the CPT codes that require prior authorization, go to UnitedHealthcareOnline.com > Clinician Resources > Cardiology > Medicare Advantage Cardiology Prior Authorization Program</p>
<p>End stage renal disease disease dialysis services</p>	<p>Services for treating end stage renal disease, including outpatient dialysis services as defined by but not limited to the revenue and CPT codes referenced in this section, require advance notification.</p> <p>Advance notification required when members are referred to an out of network provider for dialysis services.</p> <p>Advance notification is not required for end stage renal disease when a UnitedHealthcare Medicare Solutions member travels outside of the service area.</p> <p>Please check your Agreement with UnitedHealthcare to see if there are any restrictions on out-of-network referrals.</p>	<p>Verbal Notification is required.</p> <p>Please call Kidney Resource Services at 866-561-7518 to refer members into UnitedHealthcare's disease management program.</p>
<p>Out-of-network services</p>	<p>Your Agreement with UnitedHealthcare may include restrictions on referrals to out-of-network care providers and these referrals may result in increased out-of-pocket expenses.</p>	<p>For UnitedHealthcare Medicare Advantage Members:</p> <p>Advance notification is required for UnitedHealthcare Medicare Advantage members when:</p> <p>A network physician or health care professional refers them to an out-</p>

UnitedHealthcare Medicare Solutions and UnitedHealthcare Community Plan - Medicare Notification/Prior Authorization Requirements Effective May 1, 2016



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization
Out-of-network services (cont'd.)		of-network care provider and the member's benefit plan does not cover out-of-network services even when there are no network providers available for required specialty services.
Physical and occupational therapy - Oxford Mosaic	<p>Plan exclusions: UnitedHealthcare Medicare Advantage</p> <p>Outpatient rehabilitation services provided in the home or on an ambulatory basis when provided by a physical or occupational therapist</p>	Please call the number on the member's ID card.
Radiology prior authorization	<p>Plan exclusions: Erickson Advantage, UnitedHealthcare Nursing Home Plans and United Healthcare Assisted Living Plan.</p> <p>See additional information in the <i>Outpatient Radiology Prior Authorization Protocol</i> for Medicare Advantage section of the Administrative Guide</p>	<p>Prior authorization required for participating physicians for certain CT, MRI, MRA, PET scan and nuclear medicine and cardiology procedures referred to as "advanced outpatient imaging procedures."</p> <p>The health care professional ordering the advanced outpatient imaging procedure is responsible for obtaining prior authorization any of the following ways before rendering the procedure.</p> <ol style="list-style-type: none"> 1. At UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Radiology Notification & Authorization - Submission & Status 2. By calling our Clinical Requist Line at 866-889-8054 <p>For more information, including a list of CPT codes that require prior authorization, go to UnitedHealthcareOnline.com > Clinician Resources > Radiology > Medicare Advantage Radiology Prior Authorization Program</p>
Therapeutic radiology services	<p>Plan exclusions: Erickson Advantage UnitedHealthcare Community Plan other than UnitedHealthcare Medicare Advantage plans</p>	<p>Intensity modulated radiation therapy</p> <p>77385 77386 G6015 G6016</p> <p>Stereotactic radiosurgery and stereotactic body radiation therapy</p> <p>77371 77372 77373 G0173</p>

UnitedHealthcare Medicare Solutions and UnitedHealthcare Community Plan - Medicare Notification/Prior Authorization Requirements Effective May 1, 2016



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization
<p>Therapeutic radiology services (cont'd.)</p>		<p>G0251 G0339 G0340</p> <p>For UnitedHealthcare Medicare Advantage, see the therapeutic radiation prior authorization requirements and instructions at UnitedHealthcareOnline.com > Clinician Resources > Cancer-Oncology > Medicare Advantage Therapeutic Radiation</p>
<p>Transplant of tissue or organs</p>	<p>Organ or tissue transplant or transplant related services before pre-treatment or evaluation</p> <p>Must request for transplant or transplant-related services before pre-treatment or evaluation.</p>	<p>For transplant services, call 888-936-7246 or the notification number on the back of the member's ID card.</p> <p>Evaluation for Transplant</p> <p>99205</p> <p>Bone Marrow Harvest</p> <p>38207 38240 38241 38242</p> <p>Heart/Lung</p> <p>33930 33935</p> <p>Heart</p> <p>33940 33944 33945</p> <p>Lung</p> <p>32850 32851 32852 32853</p> <p>32854 32856 S2060 S2061</p> <p>Kidney</p> <p>50300 50320 50323 50340</p> <p>50360 50365 50370 50380</p> <p>50547</p> <p>Pancreas</p> <p>48551 48552 48554</p> <p>Liver</p> <p>47135 47136 47143 47147</p> <p>Intestine</p> <p>44132 44133 44135 44136</p> <p>Services related to transplants</p> <p>32855 33933 38208 38209</p> <p>38210 38212 38213 38214</p> <p>38215 38232 44137 44715</p> <p>44720 44721 47133 47140</p> <p>47141 47142 47144 47145</p> <p>47146 50325 S2152</p>

UnitedHealthcare Medicare Solutions and UnitedHealthcare Community Plan - Medicare Notification/Prior Authorization Requirements Effective May 1, 2016



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization
Ventricular assist devices	A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow.	Call 888-936-7246 or the notification number on the back of the member's ID card. 0051T 0052T 0053T 33975 33976 33979 33981 33982 33983

Exceptions to Advance Notification/Prior Authorization Requirements

Procedures & Services	Additional Information	UnitedHealthcare Medicare Plan Exceptions
UnitedHealthcare Medicare Advantage plans with out-of-network benefits		Advance notification is not required for UnitedHealthcare Medicare Advantage and Medicare Advantage Group PPO members whose plans have out-of-network benefits when the member chooses an out-of-network provider even though an in-network provider is available.